

DRAFT

Governor's Commission

**To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program**

**MINUTES
March 10, 2016
Hazen Drive
Concord, NH**

Welcome and Introduction

The meeting is called to order by Commissioner Don Shumway at 1:10 pm. Commissioner Mary Vallier-Kaplan is on vacation. Present in addition to Commissioner Shumway is Jeffrey Meyers, Doug McNutt, Thomas Bunnell, Susan Fox, Roberta Berner, Ken Norton, Gus Moral, and Jo Porter. Dr. Wendy Gladstone and Yvonne Goldsberry were also not in attendance.

Commissioner Shumway welcomes everyone to the Governor's Commission and introduces himself. He states that the April meeting will be at Harbor Homes in Nashua which will give the Commission an opportunity to look at the integration of behavioral health and acute health care. There will also be tours available. In May the Commission will be looking at the way finances are organized under managed care. Thanks to Ms. Deborah Scheetz for bringing Mr. Paul Saucier and Camille Dobson to attend the last couple of month's meeting. This brings a national perspective to the Commission. He then explains that there will be a wrap up on some of the work that has been done on the vision, principles and guidance on how looking a managed long term support and services. This morning there was a meeting with the External Review Organization (EQRO), HSAG. They have been working on a review since December of 2013 and using multiple methods of review such as MCO contract language, policies and procedure reviews. They look at HEDIS measures as they exist through the national database and in this case behavioral health measures. They hold focus groups talking with both providers and Medicaid enrollees and ask questions about their experience with managed care. Commissioner Jo Porter explains that from the contractual obligations of CMS, they performed very well. The operational component consists of how vendors submit their data and another around the frequency of consumer advisory group meetings. These were the two (2) major contractual findings. The HEDIS measure area has the most opportunity for improvement. One of the MCOs fell into the 30% area and the other around a 20% area that were under the 50% area. It was not identified which HEDIS measures were those that fell under this. There were two in each of the MCOs that fell under the threshold of thirty (30) people so these could not be measured. Commissioner Porter states that we should be conscious of the sample size as we are a small state. The quality and performance improvement projects seem to be going well. These are in the planning phase and operational components and not a measure outcome. The CAPS measures seemed to be doing very well. Most of them have national benchmarks. There was a relatively high percentage both on the adult and children's side. They performed well in access of the rating of providers and plans and participation of healthcare. Commissioner Shumway states that in the focus groups they sought out prior authorization by providers. They selected providers that they believed would be most challenged by prior authorization operations. Commissioner Porter states that it was interesting in the work with the Secret shopper perspective looking at whether there was any difference in the ability to get appointments for the NHHPP population and the Standard MCO population. They took a random 400 people split them into two (2)

buckets and tried to make appointments with the range of general purpose issues with the provider community. There was no difference in the ability to get care.

Commissioner Shumway explains that the Urban Institute completed their second year of review. In prior meetings the Commission has looked at quality management system being operated by the Department. On the web there is a set of tools and data on quality of care of operations of Medicaid Managed Care. It is something that this Commission had hoped for and passed resolutions about recommending these types of tools be systematically available. This foundation being laid will be a tremendous value in managing managed care. Commissioner Porter adds that the slides that were presented in the meeting this morning with the key findings are on the same site as the MQIS and the full EQRO will be posted soon.

Ms. Kathy Sgambati remarks that the EQRO reported on the performance improvement projects that the Department and MCOs selected with positive results. She then asks how long do these performance improvement projects last. Is there an opportunity going forward to include LTSS and SUD as a result of the substance abuse crisis. Is there an opportunity to shift these performance projects to include SUD?

Deputy Commissioner Nihan states that she will verify with Dr. Doris Lotz how long these quality projects last.

Commissioner Shumway then asks the Commission and the audience to introduce themselves and moves to approve the minutes from the last meeting. A motion is made to approve the minutes and it is seconded. Minutes approved.

Commissioner Shumway then turns the meeting over to Commissioner Jeffrey Meyers for an update from the Department. Commissioner Meyers acknowledges Commissioner Sue Fox who will be leaving the Commission next month. He also acknowledges that this is also Ms. Valerie Brown's last meeting and thanks both for their contribution.

Commissioner Meyers states that he will give an update on NHHPP and discuss where the Department is with the 1115 Waiver and then spend most of the time discussing the managed care program and the next phase of the managed care program. He begins by stating that yesterday the House approved HB 1696, which is the Medicaid Reauthorization bill. The provision passed by a vote of 182 to 181. The Speaker had to come down and off his roster and cast the deciding vote. The Department is grateful for his support and grateful to everyone supporting this effort. The bill will now go to the Senate and the hope is that it is on the Governor's desk by or before the end of this month. Today there are over 48,000 people receiving this benefit.

Commissioner Meyers then states that he wants to spend some time discussing the 1115 Waiver. This is the waiver that will be accessing 150 Million dollars in Federal matching funds over the next five (5) years to support our behavioral health system, specifically capacity building and integration of behavioral health with physical healthcare and will entail care transitions back into the community. The first public meeting was held in Concord and presents information to the public for what our proposal is defining as geographic regions and delivery networks. It includes the requirements for the delivery network and some of the initial high level outcome measurements that will apply, financing structure, project menus. There are meetings throughout the State over the next two weeks. The presentation is up on the website. There has already been feedback. This is the Departments proposal. There is concern about how the regions have been defined. The Department is open to changes and we will listen to input. The Department wants this to work. Feedback will be taken through the month of March. The proposal has to be submitted to CMS by April. There will be an application process and will be released by the end of April and due back by the end of May. The Department is targeting having decisions made on the IDN's by the beginning of July so some of the capacity building money can go out in July. Commissioner Meyers then moves to the

subject of managed care and the Departments thoughts on moving forward. The mandatory population is proceeding and everyone is now mandated into the managed care program for medical services. The MCOs are working with us to ensure a smooth transition. There is a sixty (60) day continuity of care which will be coming up soon. The Department has a daily call with the MCOs. Commissioner Meyers states that it has been going well. From the beginning of this program it has been the Department's view and the view of others including the Governor that we should only move to the next phase of the program, Step 2 services when there is a fully developed and well-articulated plan for how the next phase will work, how it will operate and who will be doing what and that there is readiness. Commissioner Meyers states that he has spent a lot of time since becoming Commissioner speaking to staff and others regarding this. He states that he believes we should be moving forward and there is a legislative mandate to implement the program. This mandate was adopted in 2011 to take effect in 2012. The program started late but we are in the thick of it now. Not only is it a legal requirement but the Department is committed to this program. We have seen early results that are positive. Having said that, it is critical that moving forward the Department has a well-articulated plan for how we move forward with the next stage. Our current contract with the MCOs has a beginning date for CFI and Nursing Facility services for September 1, 2016. There are a number of things that have to happen before we move forward, including a finalization and submission to CMS of a CFI Waiver amendment for managed care. Because of how payments are made for nursing services and how that is structured currently, the law needs to change in order to pay the MCOs. The changes have to include the equivalent of not only the nursing rate that the Department establishes but also the amounts related to Proshare and MQIP. The payments will continue to be paid to nursing facilities but they will be through a different mechanism. So there are changes that need to happen and there is nothing pending in the legislature in this session that would effectuate that. Commissioner Meyers states that he believes that it is the best policy for the State for the Department and the program if we ensure first that we have a plan for how both CFI and nursing are going to be implemented. This should be reduced to a written plan that articulates every important facet of the program. This includes eligibility, credentialing, case management, rates, the process for access to services and delineates the services that are being provided in both of those programs and who is providing services such as transportation. Commissioner Meyers states that his colleagues in the Department have worked hard over the past couple of years and we want to acknowledge that hard work. There has been a lot of good thinking that has been done. Ms. Lorene Reagan and her staff have put an enormous amount of time into this and have done good work. He states that all that work has to go forward and be crystalized into a real operating plan. We must convene MCOs and initiate stakeholder input as we move forward to finalize a plan for how CFI and nursing will be implemented in our managed care program. Once this plan is developed it will go out to public hearing as we have in the past to provide additional feedback from the public. We will involve stakeholders in putting it together and then there will be an opportunity for anyone in the State to see it and react to it. Once the plan is finalized we will proceed with public notice for the CFI Waiver amendment and finalize that and file with CMS. That means that we will have to work with all of you, MCOs, and Governor and Council to establish a timeline that will allow us to do all this work. At the end of the day if this program is going to be successful we need to take the steps that were just outlined. We need to approach this methodically, carefully and completely so that everyone sees upfront how CFI and nursing services operate. There are no dates for the other waived services to incorporate them into managed care. There will come a time when we want to move this forward but we must move CFI and nursing services first. The Department looks forward to sitting down and working on this in a concerted effort in a timely way. There is no attempt to slow this down. The effort is needed to come up with the right plan for New Hampshire. Commissioner Meyers then opens the meeting up to questions.

Commissioner Sue Fox states that she appreciates the timeline and plan being laid out his way and she thinks it is a smart way to move forward with this. She explains that she thinks that the Commission over time has had questions with the timelines. She states that they have been presented with the timelines but it has been clear that a lot of things have to happen before this can be implemented. She continues that

Commissioner Meyers laid out a lot of things such as legislation so will this timeline include all of the things you discussed above?

Commissioner Meyers responds that the Department will work with the MCOs and community in regards to putting a timeline together that is faithful to the Department's commitment to implement this program and faithful with the contractual obligations but that is realistic.

Commissioner McNutt seconds what Commissioner Fox stated. He explains that he is happy to hear this because this is such a complicated process. The financial issues were identified earlier but there are many more issues that need to be addressed. This does need to be done methodically.

Commissioner Bunnell also comments and thanks the Commissioner for his rationality and thoughtfulness of an operational timeline that will be beneficial to the public, stakeholders, MCOs and the Commission.

Commissioner Ken Norton states that this is very thought out and he is looking forward to working with the Department in the future.

Commissioner Roberta Berner asks if CFI and nursing facilities is being considered as a whole and not sequentially. Is this correct?

Commissioner Meyers responds yes, that it makes sense to do this because the services are interrelated in a way and the objective of the 1115 Waiver is to improve transitions. The Department wants individuals to access community based services for a number of reasons. There are policy reasons, care reasons; human based resaid and financial reasons. These two services must be able to work as a system.

Comment from the Commission: It doesn't look like this will be September 1, 2016.

Commissioner Meyer's states that he wants to meet again with the MCOs and map out what this looks like. When the timeline is developed and this is not going to be delayed unnecessarily but he explains that the Department wants to give everyone the ability to participate in this conversation. He states that a timeline will be created soon and when it is developed it will be publically announced.

Commissioner Shumway congratulates Commissioner Meyers on a combination of policies that will show great value and also congratulates him on reauthorization of NHHPP. Thanks also to you and your staff for the work done in private duty nursing. He thanks Deputy Commissioner Nihan and Ms. Deb Scheetz for their work on this. He states that it seems like things are being done properly and this is the way planning Step 2 seems to be rolling out. Commissioner Shumway continues that he would like to ask in the original contracts the MCOs were specifically charged with creating a Step 2 plan and it is important that contract language is clear and enforced.

Break

Deputy Commissioner Nihan opens up after the break to clarify on the project improvement plans. She states that she communicated with Dr. Lotz during the break and in the last two (2) years there are eight (8) projects. The EQRO special projects last two (2) to four (4) years. Four (4) chosen by the plans and four (4) chosen by the Department.

Commissioner Shumway thanks Commissioner Meyers for the update and states that it lays out the way we will be approaching Step 2. It allows the Commission to work in a certain relationship and organize our work. We have workgroups that are working on specific areas such as community services, network

adequacy, consumer protection, and efficient and effective outreach. Now there are two larger milestones that the Commission can relate to. One is the announced timeline as it comes forward and two the tenure of this Commission is coterminous with the Governor's service. Executive Orders expire with the Governors term. In saying this, it allows the Commission to focus on consolidating considerations into a first draft report to pull together the work of the Commission. In the coming days and weeks there will be a work plan written and disseminated to the Commissioners for review and comment. The subgroups will be able to bring forward their comments in terms of recommendations.

Commissioner McNutt asks if discussion of Long Term Care finances will be included in this report.

Commissioner Shumway states that it will be something broader but could be included. An example would be quality and how can quality be used as a driver for the best public policy in relation to care management in the State of NH. Folks have tremendous capacity to use those tools. How can we look at finance now to determine how the Department is establishing controls and procedures in relation to financing? How is this translated to MCOs and tracked and transparent to the public? Are there specific issues that are important in the future? We will work on a draft to include input from each workgroup to have for this summer.

Commissioner Ken Norton asks Commissioner Meyers to give an update on the contracts with the CMHCs.

Commissioner Meyers states that he met with Mr. Roland Lamy yesterday about his perspective of the status of discussions. He states that there were meetings so that progress can be made in completing individual agreements between the MCOs and each of the CMHCs. The Department has given the financial information to help facilitate these conversations. The report from the CMHCs is that progress is being made and that discussions are moving forward. Commissioner Meyers states that he does not know how long this will take but the expectation is that they will move as quickly as possible.

Commissioner Norton asks if the Commission can hear directly from the MCOs to see what the time frame is and what their impression is regarding the contracts with the CMHCs. He states he would like to clarify and have heard in a couple of meetings that the Department communicated that the CMHCs were back at a capitated rate and this is true because the Department went back to G&C to covert back to the capitated rate. But on the ground level the CMHCs are not back at that rate yet.

Commissioner Shumway would welcome any of the MCOs to speak today but they be put on the agenda for the April meeting at Harbor Homes. Commissioner Shumway states that the Commission can focus on it at that meeting.

Mr. Eric Goldstein, NHHF, Director of Network Operations Cenpatico states that NHHF had discussions with Monadnock information is being shared. Mr. Lamy has also been involved and on the same page language wise. In terms of timing, everyone knows the urgency. Everything is heading in the right direction.

Mr. Rich Segal from WellSense states that WellSense is committed to getting this done. It is a shared commitment from the CMHCs and they believe this is the right model for patient care. He explains that it is not just going back and filling in last year's contract but they are working with coming up with a new payment model that works for each CMHC. It is a priority and will continue to report the progress to the Department.

Commissioner Meyers states that he wants to add that yesterday he brought to the Governor and Council an item that increases funding for the ten (10) CMHCs for ACT team and other emergency services for a

total of 1.4 Million dollars. This money was programmed to go out to the CMHCs but was delayed because of the continuing resolution. It was in place for a few months and the budget was eventually finalized and it took a while to arrive at the right contract language to move forward. Commissioner Meyers states that after he became Commissioner he did everything he could do to accelerate the process and so it was approved yesterday. That 1.4 Million is for non-Medicaid services, but for ACT team services for those that are non-Medicaid or uninsured. This is allocated based on the number factors across the system. Not every center is getting the same amount of money.

Commissioner Shumway asks Commissioner Norton if he will comment on what he is trying to see here.

Commissioner Norton explains that this is a really important for the Commission for a variety of reasons. First and foremost because of patient care and how it ties directly to workforce development issues at the CMHC level and to data collecting because of the challenges relative to the rate setting and actuarials. The sooner we get the data the better because we are bumping up against the next contract year. As we begin looking down the road, the Commission and all of us are hoping that next February we are not sitting here talking about when we are going to get contracts.

Commissioner Shumway asks if there are any other comments or questions. There are none.

Commissioner Shumway turns the meeting over to Commissioner Fox who summarizes what the Community Services workgroup has been working on. The group includes herself, Commissioner McNutt and Commissioner Berner. They have been working for over a year on aspects of the transition to care management related to community services. The work group drafted the principles that went to this Commission and to the Governor who accepted them. The Community Services Workgroup has brought speakers to these meetings that have subject matter expertise in LTSS including community service providers, ServiceLink, Home Health Agencies, Ms. Camille Dobson and Mr. Paul Saucier who looked at models of care management. She continues that now the work group is at a point where they will take all the information and think about what they have learned and make recommendations to the Governor. The recommendations must be tied back to the principles and the principles must be consistent with ADA to help people live in an integrated way. Participants must have an informed choice and services and care coordination in a person centered way. We must also make sure that the provider network is adequate. A number of the principles relate to the recommendations from the Community Service workgroup. Today is a beginning to talk about what a recommendation might look like as we think about what has been done to date. By next month we will have a draft for further consideration. Commissioner Fox then turns the meeting over to Commissioner McNutt who will talk about the past two presentations from Ms. Dobson and Mr. Saucier.

Commissioner McNutt reviews Ms. Dobson's credentials and explains highlights of her presentation. There a couple of things she talked about that are important to discuss. Long Term Services and Supports Ombudsman which CMS mandates. There are questions as to whether it should be part of state government or not. Commissioner McNutt states that for years he has been involved with the Long Term Care Ombudsman program which is primarily assistance with Nursing Homes. This has been a great model and the nursing homes themselves think this is good. The Ombudsman would help people with appeals, and other kinds of ways to resolve issues. The Ombudsman would also help with finding council, advocacy and dispute resolution. Some other things Ms. Dobson discussed were making sure that the MCOs receive training on care coordination and the current waiver programs. She also discussed how LTSS providers should receive outreach and training and changes should be communicated to advocates and providers. The importance of care coordination and the reasons for managing LTSS including better outcomes was also emphasized. Commissioner McNutt explains the three (3) MLTSS Care Coordination Models. Mr. Saucier closed with the importance of care coordination and that it is a huge component. He also emphasized the tension between innovation and adding everything to the contract.

Commissioner Berner states that she will moderate a discussion and there are three (3) areas. One is the potential role of the Ombudsman, models of care coordination, and how this is all handled in the contract such as mandating a model. Commissioner Berner opens the meeting up for questions from the Commissioners. Commissioner McNutt adds that that if the Ombudsman is with the Department it should not be with the Medicaid agency. Since there already is a nursing home Ombudsman should it remain separate? Commissioner Moral states that the groups have been talking actively particularly, MCAC and MCM have been part of that. One of the catalysts has been Ms. Dobson's presentation and what is being done in other states, what the CMS mandates and the interplay between the clients and agencies. This is all part of the principles that the Commission presented specifically with consumer protection and Ombudsman. DHHS has also sent out two (2) memos which represent these issues. Commissioner Norton stated that it is important to present people with what their rights are and is a big part of our conversation. Commissioner Fox asks if the committee is leaning one way or the other as to whether the position would be better off within the Department or be better off as outside contract agencies. Commissioner Moral states that this is being discussed right now. Commissioner Norton states there are strong pluses for each and some limitations for each. Commissioner Fox states that her experience with the Long Term Care Ombudsman's Office is that it worked as they have been able to maintain their independence within the Department and troubleshoot before problems became too large. They also have a person centered focus and if that same values and sets of principles are there then it would be valuable.

Commissioner McNutt explains that one of the pluses is that they are in close proximity from other people and that they were not the regulatory agency. But being in proximity to the regulatory helps them. Proximity is a key issue and it is a good example of how it has worked. Commissioner Moral states that it would be good to hear a little more about how the perception has been for how the Ombudsman has worked with the Department.

An audience member states that this is a way the consumer has an independent voice but also serves as an arbiter so it is looking both ways. In LTC there is a clear set of regulations in which the nursing facilities operate. Many times there is a misunderstanding or there is not clarity which is hard to resolve and the Ombudsman is able to be there and be the person that looks both ways and it works because there are rules. Commissioner Moral states that it is important that the Department has sent communications to show people how to access these services.

Commissioner McNutt explains that it will be more difficult to get the message out in the community.

Commissioner Jo Porter states that there is enough history in the LTC Ombudsman's Office to bring up some examples of the things that do get articulated there and the kinds of resolutions that people get. There are real life examples as to how you use this service and what it brings forward would be incredibly helpful.

Commissioner Shumway would like to step back and make sure the Commission is not missing a domain that should be considered. We heard a continuous set of statements from various sectors of supports to senior and adults and children where the basic finances and rate structures have been so thin as to not allow the continuation of services. In early fall the Commission received multiple notices that the CFI Home Nursing programs were being curtailed, multiple adult day centers have closed, pediatric nursing service shortage, etc. In speaking with Ms. Dobson her comment is that is what happens in the transition from FFS to managed care. It begins to expose those weaknesses and should consideration be given to the basic resource adequacy in the CFI waiver in relation to the needs of the individual and especially in regards to the principles based on the values of our state where individuals stay in their homes and stay in their own communities. Is this another segment that we should be looking at.

Commissioner McNutt asks Commissioner Shumway if he agrees with some of the others about the outreach to the MLTSS providers and are you saying segments in addition.

Commissioner Porter asks how this relates to the network adequacy work that her group is working on because there is a lot of overlap. She states that they do not have a lot of updating to do because Commissioner Gladstone has been working on the Pediatric Nursing Shortage component of network adequacy so we have not done the canvas of network adequacy associated with Step 2 that was discussed in the fall. The group did discuss what the needs are for the population moving into Step 2 and how to define network adequacy for what the group is doing as well.

Commissioner Berner asks if any group is looking at the menu of CFI services and adequacy in those terms.

Commissioner Porter explains that one of the things her group discussed back in the fall was mapping out the process by which the assessment gets done, the services are assigned and who is available for those kinds of services and start to articulate this as a flow. Look at who the providers are and what services are covered under the waiver programs and articulate what kind of measures that would assess network adequacy at those levels. Ms. Deb Scheetz explains we took at authorized vs delivered hours and mapped it to geography of the state and tied it back to providers that we anticipate would be contracting. When the timing is right we will consider picking it up.

Commissioner McNutt summarizes one more time the importance of the Ombudsman Position, care coordination, outreach to providers especially if the system is under resourced, continuity of care services especially within the first year.

Commissioner Jo Porter wants to mention the session that Dr. Lotz talked about with the EQRO bringing forward case management best practices this summer. There will be a session in July where the EQRO will be discussing case management and LTSS. We discussed this agenda this morning at the Quality meeting and there is an opportunity to bring the specific case management information forward so there is an opportunity to have more of this conversation in that venue as well as this one.

Commissioner Fox had a question regarding the care coordination model. Some states are prescriptive and mandate the model and as a Commission do we want to recommend a particular model or how we want to address this. In Step one some of the issues revolved around contract language. So this should be discussed further.

A member of the audience wants to encourage the committee that the MCAC does have a work group that is working with the department on that exact issue. We would like an opportunity to work with you if you are making recommendations. In conjunction with what is decided about independent case management, the two works hand in hand and this is one of the big things we are trying to point out to the Department. Currently under CFI, the independent case manager provides a huge array of services to the CFI population. If that independent case management is no longer available or looks different, it is critical that those services are provided in some other way. The Ombudsman program may be one way to fill that gap if that is no longer available to that population. It is also critical to know that this population usually people who have no other natural supports. They usually live alone and do not drive. They do not have access to computers so the Ombudsman program must be strong and cover a lot of services for them. The workgroup from the MCAC recommends that that position be outside independent and separate from the MCOs and the Department and the LTC program. Perception is critical. What does the individual think? How do they believe that they are going to get the best assistance and education, best outreach and mediation when dealing with a large insurance company as an elder or an adult with a physical disability? This is a critical part of it. We have had these discussions ongoing. As part of the workgroup there are different opinions on the independence of the Long Term Care Ombudsman program currently. We also need to keep in mind that Mr. Don Rayburn is going to be stepping down. Mr. Rayburn also expresses the struggle to remain independent being inside of the Department. For purposes of the CFI program that

there are no worries about any of this and that they are able to effectively outreach, educate, advocate and assist to fill the shoes of the independent case managers and combined services in the event that going forward this does not look the same.

A member of the audience asks when you talk about making a recommendation what is the exact nature of the recommendation you are offering? Is it process or outcome or principles, none of that or all of that? It is the area of care coordination that is creating angst in the system. What do you envision about the recommendation that you will be making?

Commissioner McNutt states that the Commission already has principles so we would build on the principles but we had a discussion regarding mandating a model or recommend a model. That is not process.

Commissioner Berner states that we will make a recommendation to the Commission and they will decide to pass it along to the Governor.

Commissioner Fox explains the role of the Commission is to make recommendations to the Governor. Those recommendations can be very specific. The first one was that Medicaid Expansion would pass and this was very specific. The second recommendation was to come up with principles. This was broader. That whatever goes forward in managed care should reflect these principles. The recommendations to the Governor can either be specific or general. We are at the beginning stages of drafting this recommendation. We have influence in our recommendations but it is a recommendation to the Governor.

Audience member: Sounds like this would include a potential recommendation for an outcome specifically Mr. Saucier's model recommendation. Do you see that the recommendation would be firmed up to state whether it would be in house, shared or outsourced?

Commissioner Fox states that this is the question to the group and it is premature to discuss.

An audience member asks if the Commission is talking to providers and listening to what the providers have to say about this. He continues that there was a lot of conversation around SIM and we have no idea what happened. There were multiple provider groups and it went on and on for about a year and a half and then it died. There was a lot of conversation with this and then nothing. He asks if the Commission is talking to providers related to all of these potential recommendations.

Commissioner Shumway states that they have met with several provider associations and groups but we will not replicate the SIM process.

An audience member states that most of what has been talked about is models but what is needed for standards is as important and the Commission should be very prescriptive and standards that can be drawn in from best practice which might come from working with the case management society or what Mr. Saucier was saying was that this is the most important thing for the Commission to think about.

Commissioner Shumway asks if there are any other comments from the Commission or audience.

Commissioner Shumway asks the Consumer Protection work group to summarize their work.

Commissioner Moral states that their group has spent a lot of time with the Ombudsman but there are other areas that they need to address. The group will also focus on the preventive aspects. Commissioner Moral asks the group for any input that could enhance the work of the group.

Ms. Deb Scheetz remarks that when the group first came together they talked about intervention as well as prevention and when discussing prevention we talked about protections that could be built into the labor agreement as well as protections that may be addressed as part of contracting. As we move forward in planning this might be a good opportunity to take a look at what other states have done in terms of reporting functions or contracting functions. We should talk about this in the fall. Also the ideas of people's education and rights and making sure that people understand what they can do if they run into problems so they can be addressed.

Commissioner Shumway asks if there was anything else from Ms. Dobson's presentation on consumer protections.

Ms. Scheetz explains that when Ms. Dobson met with the subgroup she put heavy emphasis on education and outreach and how this cannot be a checkbox item. This has to be something that is actively working with the community and out in the community working with providers.

Commissioner Shumway asks how this can be incorporated or is this something that could be considered as part of the reference report.

Commissioner Ken Norton states that there have been discussions regarding this. It sounds like this should be part of this plan. The NH Insurance Department is doing work on parity and a consumer protection person will be coming on board which the Commission may be able to dovetail.

Commissioner Shumway asks the Network Adequacy group what they have focused on.

Commissioner Porter states that she is hoping the sketch out what she talked about and that they have alluded to a lot and discussed what types of providers should be in the network for Step 2 but the workgroup has not articulated it for themselves and documented it for this group. A big part of this will understand what the network is and what the network currently is and how do we assure that that network maintains in the next phase. There will be documentation of the current state and they will maintain moving forward. There will be documentation of the current state, as well as some mechanism for assuring that the provider community stays intact and how does the case management model plays into this? Some of the case management entities are also providers of services. As we have been saying since we started that the parameters for Step 2 are not the same as for Step 1. There may be some recommendation as to how this is articulated. When we started our network adequacy we were aware of a pediatric nursing shortage but did not realize to what extent.

Commissioner Shumway wants to make sure we have a conversation of DHHS staffing for management and oversight of effective operations. This will be important for that group and Commissioner Shumway would like to work with the group on this topic. Commissioner Shumway then asks Commissioner Tom Bunnell to discuss effective and efficient operations.

Commissioner Bunnell states that his group spent several months on the issue of prior authorizations and in the acute care authorizations and now they are planning for LTSS prior authorizations. This was discussed by Ms. Dobson and we are aware that there are a whole range of LTSS that should not be subject to the same 30, 60 or 90 days PA's as acute care. The Department is trying to be very thoughtful about its approach for LTSS PA's. We will probably make a recommendation related to this. There are also a range of PA's for therapies. There may be select circumstances in which authorizations for those parent therapies in a long term context may need to be longer. We may want to come back to the Commission and report back on that.

Commissioner Moral asks if they could include Autism in that recommendation. Commissioner Bunnell states he will.

Commissioner Shumway states that they have received more than thirty (30) letters on therapies for individuals that need long term supports.

Are there any other comments that anyone wants to make for the final report let the Commission know.

Commissioner Porter states that Commissioner Fox made a good point that is a combination of all of the workgroups, around the potential concern that the switch to managed care threatens the viability of some of the key community providers. Somehow maintaining the tracking and monitoring of this is important in measuring network adequacy. Network adequacy may be measured at time of go live including consumer protections and operational components for payment but a continuous loop must also be in place to monitor the threat for those providers being unable to continue operations.

Commissioner Fox states that this is important and recommendations could be framed to make sure these principles are assured.

Deputy Commissioner Nihan states that she agrees with what Commissioner Porter is saying. Network adequacy is a passive exercise. A lack of network adequacy occurs before there is any action taken. It may be a worthwhile exercise to discuss how the healthcare system is changing whether it is because of care management or because of other forces in the industry and try to foreshadow where the surpluses or shortages of network providers will occur. As we look at the pediatric nursing shortage we could have predicted that there would be a shortage of in home nurses if we had taken the opportunity to think about it. It is a subjective type of study and I am sure there are experts that could help us do that work.

Commissioner Shumway states he has written down issues regarding network adequacy. One is the process of assessment of individuals of person centered planning and care management that produces a service authorization, second is policy based. It is very important and far longer term. The third is a specific point in time or appointment availability. All have a different role. When we get to the complex population these are critical. In the coming weeks and months the Commission will look at the work of the groups and identify upcoming meeting agendas. In April the Commission will focus on behavioral health and in May, June and July we will run through how financing works in this area. From that point on the Commission will harvest these documents and make recommendations.

Meeting adjourned at 3:30PM